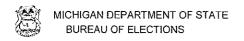
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

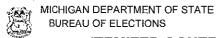
COVER PAGE		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement c	overs From: _/-/-/2 to
1. Committee I.D. Number	4. Candidate Last	Name First Name M.I.
150579	DAV	is Joseph F.
,000,1		cluding District # or Community Served (If applicable)
2. Committee Name	Co	UNTY COMMISSIONER 4TH DISTRA
The Davis Can County Canalas	Sugar	21 / 27 (11/1/0/00 19/1/0/3/1/1/
Joe Davis FOR County Commiss	4b. County of Resid	ence BAS
5. Committee's Mailing Address	6. Treasurer's Nam	e & Residential Aderess
909 N WENONA		rie Tarkowski
BAY CITY, MI 48706	_	70 E BEAVER RD.
Area Code and Phone 989 - 860 - 1933 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		CTZ M± 48706
be sent to this address by the filing official.	Area Code & Phone	
7. Treasurer's Business Address	Designated Rec Designated Record	ord keeper's Name and Mailing Address (If the committee has a I keeper)
3390 E Beguer RD.	7	be Davis
BAY CTTY, MI 48706	90 B,	9 N. WENONA 05 CTTY, MI. 48706
Area Code and Phone	Area Code and Ph	non och inn
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	-Election	Oc Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	,	Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	eral	e. Dissolution of Candidate Committee
Convention	ool	Effective Date of Dissolution
		gan. Garage
Special	[1	By checking this item, I/We certify that the committée has no assets or
Date of Election, Convention or Caucus		outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
3 7 1 2	[1	he Reporting Waiver.
8-1-12		Note: The disposition of residual funds must be repื้อ๊rfed on Schedule IB and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	!	
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	nditures, and outstar	ding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	his Campaign Staten	nent. If a request for a Reporting Waiver is not received on or
 Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co 	in the preparation of implete.	this statement and attached schedules (if any) and to the best of
Current Treasurer or	1.6	No to leave the second
	owski y	10600 arcouple 7-26-12
Type or Print Name	Signature	<u> </u>
	///	// •
Candidate 30 e DAVIS	1 ///	$\frac{1}{\sqrt{26/12}}$
Type or Print Name	Signature	



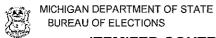
SUMMARY PAGE

1. Committee i.b. Number	1. Committee I.D. Number	150579	
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2. Committee Name The Davis For Count Commissioner CANDIDATE COMMITTEE RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions a. Itemized (Schedule 1A - Column 6) NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) (18.) \$ _____ c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) (19.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ ____ (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-IK, Column 7) (21.) \$ _____ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ _____ (7.) \$ EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (23.) \$ INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) (10a.) \$ ___ b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ _____ (24.) \$ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ b. Owed to the Committee (Schedule 1E) (12b.) \$ BALANCE STATEMEN 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCÉ (Subtract line 16 from line 15)



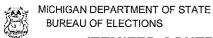
BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	150579
SCHEDULE 1A 1. Committee I.D. Number	De Davis For County Commission
CANDIDATE COMMITTEE 2. Committee Name	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/24//2	
MARK JANK 1301 Mosher ST. 5. If over \$190.00 cumulative, please provide:	\$ 50.00 \$
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26//2 Name & Address	
HADE KING RO.	\$ 50: \$
600 de 48734	*
A/VIN ORTNER 11405 KING RD. FRANKUMJU MI 48734 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person V Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/2/.//2	
Name & Address:	-
Michael RIVARD : 840 N. GARKIELD RD-	\$ 50,63
LINWOOD, MI. 48634	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4-26-12	-
Lynn Rivard.	
4412 AL (MO KI () P)-	500
LYNN RIVAND ' 840 N GARFELDRJ- LINWOOD MI 48634 5. If over \$100.00 cumurative, please provide:	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtota	al 200.0
Grand Total of All Schedules 1A	- I
(Complete on last page of Schedule	
Page of 6	line 3a of Summary Page.



CANDIDATE COMMITTEE 2. Committee Name 2. Committ	L DAVIS PH	V COUNT CUMPYS
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address: Teny Kelly 1'64 By Those Dr 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 501	sor Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Z Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address (hr/5 Shanna) 22/5 CAMOURD 3. If over \$100,000 cumulative, please provide:	s <u>Q</u> <i>O</i> ℓ ⁰ Click Here fo	sor Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: AARON BAYLIS 1332 Finn RD 5. If over \$100.00 cumulative, please provide: Employer	\$ 50,000 Click Here fo	. \$ r Memo Itemization
Business Address Loan from a person		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address ROSUT HORN 414 NESOSISH AVE 5. If over \$100:00 cymulative, please provide:	s 501	\$
	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A	170,00	_

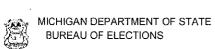
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



Committee I.D. Number	150579	
2. Committee Name 18e	DAVIS FOR COUNTY COMMISS	ionen

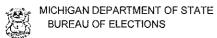
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address:	nt 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	
Jim Hunnigatt 204 Brock Stove Cire Dewitt Mt. 48820 5. If over \$100.00 cumulative, please provide:	S Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person 😾 Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address Alles Kennedy 3/40 Dillow Rd Flushing, MT. 48/33 5. If over \$100.06 cumulative, please provide: Click	\$s Here for Memo Itemization
England	
Type of Contribution: Direct Loan from a person Fund Raiser	
5. If over \$190.00 cumulative, please provide:	S Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4-24-12 Name & Address MARCUS GARSKE 50 4 MARSTON 57 S. If over \$100.00 cumulative, please provide:	9, <u>9</u> \$
Occupation Employer	Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Page Subtotal 20	0.00
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this line 3a of Spage.	total on



CANDIDATE COMMITTEE

1. Committee I.D. Number	<u> 150</u>	579			7
2. Committee Name	e Davis	for	(000)-	Comy	SSIUE.

				Zi dentinikoe Hanne saje	× 21.3 2 3 6	
	to indicate if conti	ribution is from a Political		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt? Ditten	<u> </u>	of Receipt	4-26-12		
5. If over \$100.00 cumu	122 M	t 48623			\$ <u>250;</u>	\$
Occupation SA	S	Employer <u>facil</u> i	Dy N	ANAGENET CONSU	Click Here for	or Memo Itemization
Business Address			150	7 (175 MT 98) Fund Raiser	708	
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of		11.01.10	•	
107 107	THAD 35 Roy	RATHKAMP Sens RD- NI 48623)		\$ 2501°	\$
5. If over \$100.00 cumul	ative, please pro	vide:	_		Click Here fo	r Memo Itemization
	,	Employer Se	<u> </u>	ReelAND MI4	101 2 3	
Business Address	п ° г	idland R)		,	862	
Type of Contribution:	Direct [Loan from a person	الكرا	Fund Raiser		
Name & Address: Address Address	Proprie	L SR. R) - 1 + 48732- vide:		1 <u> 4-26-12</u>	\$ 500	\$ Memo Itemization
Occupation	·	Employer				
Business Address Type of Contribution:	Direct [Loan from a person	Z	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	Ш	of Receip	t 426-12	·	
Ken GR	ZYSURC	zsk			A D	
Men GR 2889 Q 5. If over \$100.70 cumu	UREN AN	INES CT			\$ 25,00	\$
5. If over \$100.00 cumu	ative please pro	vide:			Click Here for	· Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	2	Fund Raiser		
				Page Subtotal	575,00	
				nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on	J
Page # of 6					line 3a of Summary Page.	



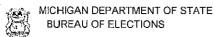
Page Sof 6

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

line 3a of Summary

Page.

CANDIDATE COMMITTEE 2. Committee Name 20-C	DAVIS FOR CO	COMMISSIO
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address: The Cougeon 3. If over \$100.00 cumulative, please provide: Occupation Lobby; 5 Employer JD Govern 9 ASSOC. TA Business Address At Owahu Boh Bay (77, Mty870) Type of Contribution: Direct Loan from a person Fund Raiser	ې د	\$r Memo Itemization
S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/-26-12 Ame & Address PAT OBAIAN 4487 4 Mile Rd 5. If over \$100.00 cumulative, please provide: Occupation Own: Faran Treemployer Self Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>/00</u> , 00 Click Here for	\$ Memo Itemization
Address: Thomas WASSA Ig19 Cincle DR S. If over \$100.00 Jumulative, please provide: Description Employer Type of Contribution: Direct PAC Receipt? YES 4. Date of Receipt 4-26-/2 4-26-/2 Fig19 Fig19	\$ 20,000 Click Here for	\$ Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt 4-26-12 NATT DIRUSSE 2879 QUEEN ANNES CT. 3A7 CTITY MT. 4870C 5. If over \$10000 cumulative, please provide: Occupation INS ASENT Employer DIRUSSE INS INC Business Address 10 E. MUNGW RD MUNGW MT. 48747 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal		\$ Memo Itemization
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	



. Committee I.D. Number	

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: PAC Receipt? YES 4. Date of Receipt 426-12 To e Savicke.		
525 Live od Pd.	\$ 250,00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Owner Mcg. Employer Ba View Foods		or morno nomedia
Business Address 2628 Nr Huren PS Pincowning, Mt 47 Type of Contribution: Direct Loan from a person Fund Raiser	3650	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-26-12		
5. If over \$100.00 currulative, please provide:	\$ 100,00	\$
	Click Here to	r Memo Itemization
Occupation 1		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 4-26-/2 Name & Address: HARIAN HAIVORSEN 2200 NeiThammal DA 5. If over \$100.00 cumulative, please provide:	\$ 50,00	\$ Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Tund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer	\$1101C 1010 101	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	400.00	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on

line 3a of Summary Page.

Page ______of ____



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

Davis FOR COUR COMMISSIONER 2. Committee Name Toe **CANDIDATE COMMITTEE** 3. Name and Address from whom received If contribution is from an individual, enter last 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or 8. Cumulative Fair Market for Election 5. Date of Receipt name first. Check box to indicate if contribution Value Cycle (Through is from a Political Committee or an Independent 6. Name & Address of Vendor from whom goods or services were date in Item 5) Committee (Both are commonly called PACs). purchased Report ail in-kind contributions. Endorsement or Guarantee of Bank Loan PAC Receipt? Contribution #1 Name & Address: Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization Fund Raiser Contribution Contribution # 2 PAC Receipt? Endorsement or Guarantee of Bank Loan Name & Address Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Occupation: 5. Date Of Receipt: Employer Name & Address: 6. Vendor Name & Address: Click Here for Memo Itemization Fund Raiser Contribution 4. Endorsement or Guarantee of Bank Loan Contribution #3 PAC Receipt? Yes Name & Address: Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Description Occupation: Date Of Receipt: Employer Name & Address: 6. Vendor Name & Address: Click Here for Memo Itemization Fund Raiser Contribution Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

1. Committee I. D. Number

Enter this total on line 6 of Summary Page

Page ____ of ___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150579

2. Committee Name Joe Day's For Court Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SAWich & SONS.	_	7-20-12	\$ 678,40
Address	Purpose: (ARD 5/GDS-	Date	
Address LAYFRYETTE AVE. DETROIT MI.	<i>'</i>	lere for Memo I	emization Type
Detros + MI.	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name		Date	\$
Address	Purpose:	Date	
	Click H	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Purpose:	 Date	\$
	Click He	ere for Memo Ite	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			*
	-		\$
Address	Purpose:	Date	
	Click He	ere for Memo Ite	emization Type
	Check box if this expenditure is payment of		!
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
		Dete	\$
Address	Purpose:	Date	
	Click H	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F

FUND RAISER SCHEDULE 1F		1. Committee I.D. Number	
CANDIDATE CO	DMMITTEE 2. Com	mittee Name Toe SAUIS	For Coul Campissi
	- USE A SEPARATE SH	EET FOR EACH EVENT -	pl. i management i i i i i i i i i i i i i i i i i i i
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
4-26-12	24	Meet 9 GREET	BAS (To M. I.) Bad & Breshfill Private Residence
7. Total Contributions	2 41.5		
	11700	22 +whin-	
8. Other Receipts	4750	±Nh/~	
9. Gross Receipts (Add lines 7	and 8) <u>2,890</u>	<u> </u>	
10. Total Cost of Event (Total Cost includes In-Kind Co	475، م ntributions and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
			
	-		
·		<u> </u>	
	<u></u>		

150579

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.